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17638 US PTO

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:		Attorney Docket No.	1819/100053	
Assistant Commissioner for Patents Box Reissue Washington, DC 20231		First Named Inventor	Bruce Smith	
		Original Patent Number	6,368,755	
		Original Patent Issue Date (Month/Day/Year)	04/09/2002	
		Express Mail Label No.	EV138587115US	
APPLICATION FOR REISSUE OF: (Check applicable box)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS		
1. <input checked="" type="checkbox"/>	Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/>	Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/>	Original U.S. Patent for surrender	
3. <input checked="" type="checkbox"/>	Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/>	Ribboned Original Patent Grant	
4. <input checked="" type="checkbox"/>	Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/>	Statement of Loss (PTO/SB/55)	
5. <input checked="" type="checkbox"/>	Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/>	Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
6. <input type="checkbox"/>	Power of Attorney	13. <input checked="" type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		14. <input type="checkbox"/>	English Translation of Reissue Oath/Declaration (if applicable)	
<input checked="" type="checkbox"/>	Written Consent of all Assignees (PTO/SB/53)	15. <input type="checkbox"/>	Preliminary Amendment	
<input checked="" type="checkbox"/>	37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
8. <input type="checkbox"/>	CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: <u>Formal Drawings</u>		
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	a. <input type="checkbox"/> Computer Readable Form (CRF)			
b. Specification Sequence Listing on:	i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper			
c. <input type="checkbox"/> Statements verifying identity of above copies				
18. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>		
Name	Nixon Peabody LLP			
Address	P.O. Box 31051		Zip Code	14603
City	Rochester	State	NY	Fax
Country	U.S.A.	Telephone	585/263-1600	

NAME (Print/Type)	John Campa	Registration No. (Attorney/Agent)	49,014
Signature			Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
1819/100053

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3)		Small Entity		Other than a Small Entity		
			Number	Extra	Rate	Fee	Rate	Fee	
(A) 22	Total Claims (37 CFR 1.16(j))	(B) 22	**** 0	=	x \$9 =	0.00	or	x \$ =	
(C) 3	Independent claims (37 CFR 1.16(l))	(D) 3	* 0	=	x \$42 =	0.00		x \$ =	
				Basic Fee (37 CFR 1.16(h)) \$ 385.00				\$ _____	
				Total Filing Fee \$ 385.00				OR \$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ =			x \$ =
				Total Additional Fee \$		\$	OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
credit any overpayment to Deposit Account No. 14-1138.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 385.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.November 4, 2003
Date
Signature of Applicant, Attorney or Agent of Record

John Campa, Registration No. 49,014

Typed or printed name

EXPRESS MAIL CERTIFICATE

DOCKET NO.: **1819/100053**

APPLICANTS: **Bruce W. Smith**

TITLE: **MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM**

Certificate is attached to the **Reissue Application Transmittal Form (1 page)** of the above-identified reissue application.

“EXPRESS MAIL” NUMBER : EV138587115US
DATE OF DEPOSIT : November 4, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Shawn A. Lockett

(Typed or Printed Name of Person Mailing
Paper of Fee)



(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO.: **1819/100053**

APPLICANTS: **Bruce W. Smith**

TITLE: **MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM**

Certificate is attached to the Reissue Patent Application including copy of marked-up issued patent specification, claims, and abstract (4 pages) and drawings (2 pages) of the above-identified reissue application.

“EXPRESS MAIL” NUMBER : **EV138587115US**
DATE OF DEPOSIT : **November 4, 2003**

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Shawn A. Lockett
(Typed or Printed Name of Person Mailing
Paper of Fee)


(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

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TITLE: **MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM**

Certificate is attached to the **Reissue Application Fee Transmittal Form**
(1 page) of the above-identified reissue application.

"EXPRESS MAIL" NUMBER : EV138587115US
DATE OF DEPOSIT : November 4, 2003

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Shawn A. Lockett
(Typed or Printed Name of Person Mailing
Paper of Fee)


(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO.: 1819/100053

APPLICANTS: Bruce W. Smith

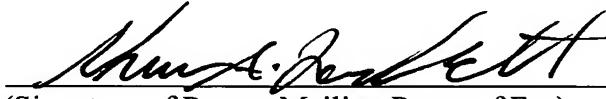
**TITLE: MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM**

Certificate is attached to the **Statement of Status and Support for Changes to the Claims Under 37 C.F.R. § 1.173(c)** (2 pages) of the above-identified reissue application.

"EXPRESS MAIL" NUMBER : EV138587115US
DATE OF DEPOSIT : November 4, 2003

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Shawn A. Lockett
(Typed or Printed Name of Person Mailing
Paper of Fee)


(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO.: **1819/100053**

APPLICANTS: **Bruce W. Smith**

TITLE: **MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM**

Certificate is attached to the **Submission of Formal Drawings (5 sheets)** of the above-identified reissue application.

"EXPRESS MAIL" NUMBER : EV138587115US
DATE OF DEPOSIT : November 4, 2003

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Shawn A. Lockett
(Typed or Printed Name of Person Mailing
Paper of Fee)


(Signature of Person Mailing Paper of Fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO.: **1819/100053**

APPLICANTS: **Bruce W. Smith**

TITLE: **MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM**

Certificate is attached to the **Reissue Application Declaration by the Assignee (3 pages)** of the above-identified reissue application.

"EXPRESS MAIL" NUMBER : EV138587115US
DATE OF DEPOSIT : November 4, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Shawn A. Lockett
(Typed or Printed Name of Person Mailing
Paper of Fee)


(Signature of Person Mailing Paper of Fee)

PATENT
1819/100053

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application No.:	To Be Assigned)
Filed	Herewith)
U.S. Patent No.	6,368,755)
Granted	April 9, 2002)
Patentee	Bruce W. Smith)
For	MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW 180 NM)
)
)

SUBMISSION OF FORMAL DRAWINGS

Mail Stop: REISSUE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing in the above-identified reissue application are FIVE sheets of formal drawings for the Office's consideration. Patentee submits that formal drawings were never submitted during prosecution of the application upon which the above-identified reissue application is based. Accordingly, the enclosed drawings are simply formal versions of the drawings contained in the above-identified U.S. Patent with no further changes. As such, no new matter has been added.

Patentee respectfully requests the Office to include the enclosed formal drawings in any reissue patent that may be granted.

Respectfully submitted,

Date: November 4, 2003


John Campa
Registration No. 49,014

NIXON PEABODY LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603-1051
Telephone: (585) 263-1519
Facsimile: (585) 263-1600

EXPRESS MAIL CERTIFICATE

DOCKET NO.: **1819/100053**

APPLICANTS: **Bruce W. Smith**

TITLE: **MASKS FOR USE IN OPTICAL LITHOGRAPHY BELOW
180 NM**

Certificate is attached to the **Statement Under 37 CFR 3.73(b) (1 page)** of the above-identified reissue application.

"EXPRESS MAIL" NUMBER : EV138587115US
DATE OF DEPOSIT : November 4, 2003

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Shawn A. Lockett

(Typed or Printed Name of Person Mailing
Paper of Fee)



(Signature of Person Mailing Paper of Fee)